REPORT TO THE TWENTY-FIFTH LEGISLATURE
STATE OF HAWAII
2009

PURSUANT TO ACT 213, SECTION 38,
SESSION LAWS OF HAWAII, 2007,
A BILL RELATING TO THE STATE BUDGET REQUIRING
THE DEPARTMENT OF HEALTH
TO PREPARE A REPORT ON THE IMPLEMENTATION OF
MEDICAID HOME & COMMUNITY-BASED SERVICES

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 2008

EXECUTIVE SUMMARY

The Department of Health (DOH) respectfully submits this report, pursuant to Act 213 (2007), section 38. Section 38, requires DOH to prepare a report on the implementation of the Medicaid Home & Community-Based Services (HCBS). The report is to include, but not be limited to the following:

1. The number of individuals aided by the services provided and the capacity of services provided;
2. Performance report of services provided and treatment outcomes and;
3. A detailed report on all expenditures.

The HCBS Medicaid waiver program is authorized in Title XIX, section 1915(c) of the Social Security Act (42 USC § 1915 (c)). The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The HCBS waiver program for individuals with developmental disabilities is operated by the Department of Health (DOH), Developmental Disabilities Division (DDD) as the lead agency and administered through the State Department of Human Services, who serves as the Medicaid state agency. The Hawaii Revised Statues, Section 333F-2, authorizes the DDD to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation.

For fiscal year 2008, the HCBS Medicaid waiver program for individuals with developmental disabilities served 2,531 participants using 5,287 waiver services. The total expenditure was $107,499,848 (accrual to date). Of the total expenditure, $46,762,434 or 43.5% was with state general fund dollars, and $60,737,414 or 56.5% was with federal dollars.

REPORT TO THE LEGISLATURE
IN COMPLIANCE WITH ACT 213 (2007), SECTION 38

Introduction

The Department of Health (DOH) respectfully submits this report, pursuant to Act 213 (2007), section 38. Section 38, requires DOH to prepare a report on the implementation of the Medicaid Home & Community-Based Services (HCBS). The report is to include, but not be limited to the following:

1. The number of individuals aided by the services provided and the capacity of services provided;
2. Performance report of services provided and treatment outcome, and;
3. A detailed report on all expenditures.

Background

The HCBS waiver program is authorized in Title XIX, section 1915(c) of the Social Security Act (42 USC § 1915 (c)). The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The intent of the waiver program was not only to assist beneficiaries to live in the community, but that the cost for support services would be cost efficient compared to institutionalization. The State is given broad discretion to design its waiver program to address the needs of the waiver's target population.[1]

The first HCBS Medicaid waiver program for individuals with developmental disabilities began in 1983 to assist the state of Hawaii in the closure of its large State institution for individuals with mental retardation,[2] Waimano Training School and Hospital. The waiver services allowed the State to de-institutionalize these individuals and support them to live in the community. Over the years, the program has expanded greatly and the amount of people served increased from 30 for fiscal year (FY) 1983 to 2,531 for FY 2008 (FY 2007 was 2481). There were 161 people entering the waiver in FY 2008 but, due to death and attrition, the total number increased only by 50 individuals.

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[1] There are different HCBS Medicaid waiver programs in the State of Hawaii that target specific populations (e.g. Nursing Home without Walls, which is a HCBS Medicaid waiver program whose target population is an individual specifically in nursing homes who may not be developmentally disabled).

[2] "Individuals with Mental Retardation" was exclusively used to label individuals that were not only mentally retarded but, also with a developmental disability. Mental retardation represents a medical evaluation. The state has been progressive and following national trends; uses the term "individuals with developmental disabilities."

The projected growth for the next five years is about 8% or 200 new participants yearly at a cost of $10 million dollars more each year.[3] The DDD however, is expecting more participants as the population in the state of Hawaii ages. Culturally, in Hawaii individuals with Developmental Disabilities are generally taken care of at home with their families and are receiving minimal services or not accessing any service.[4] As parents age, older individuals are entering the HCBS Medicaid waiver program. Additionally, close to 50% of all admissions are children. The rise in child admissions is based on the inability of other departments in fully funding services for children and thus, many come to the DDD seeking assistance. Costs escalate when dealing with children and older participants because more services are required. The prevalence rate of individuals with developmental disabilities in the state is estimated to be 1.18% or 15,168.[5]

The HCBS waiver program for individuals with developmental disabilities is operated by the DDD as the lead agency and administered through the State Department of Human Services (DHS), which serves as the Medicaid state agency. The Hawaii Revised Statues authorizes the DDD to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation.[6] Additionally, the State is required to provide sufficient supports and services so that persons with disabilities are not institutionalized and can live in their desired home and community.[7]

Services are based upon a person-centered plan predicated on individual choice and decision-making. Services to implement the plan utilize an array of resources ranging from the individual and their family, natural supports from members in the community, and funding sources such as Medicaid and general (state) funds appropriated by the Legislature. The HCBS Medicaid waiver program for individuals with developmental disabilities is for Medicaid eligible participants.[8] Funding for these participants comes from a state and federal match. For each state dollar spent on the HCBS Medicaid waiver program, close to 43.5% is from state funds and 56.5% is from federal matching funds. The DDD also provides services with 100% state funds for participants who do not qualify for the HCBS Medicaid waiver program.[9]

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[3] Projection based on CMS approved waiver renewal for 2006-2011, See, Appendix A – Letter to Lillian L. Koller, Director, DHS from CMS dated June 20, 2006.

[4] For FY 2006 there were 1,172 HCBS participants living with their family or 49.6% of all HCBS participants (most current data 2008).

[5] National prevalence rate used for all states, Gollay and Associates (1989,2004). Hawaii's population is 1,285,498, U.S. Census Bureau (2006) (most current data 2008).

[6] Hawaii Revised Statutes, Chapter 333F-2, Developmental Disabilities System. The DDD authorizing statute is Chapter 333F-1 – F-22, Services for Persons with Developmental Disabilities or Mental Retardation.

[7] Olmstead v. L.C., 527 U.S. 581 (1999).

[8] The Department of Human Services (DHS) determines Medicaid eligibility.

[9] The number of state only program participants for FY 2008, total 1,494 participants with a cost of $2,055,730.

The HCBS Medicaid waiver program for individuals with developmental disabilities offers the following services listed below:[10]

- **Adult Day Health (ADH)**
- **CHORE**[11]
- **Personal Assistance/ Habilitation (PAB)**
- **Residential Habilitation (RES/HAB)**
- **Supported Employment (SE)**
- **Respite**
- **Skilled Nursing (SN)**
- **Training and Consultation**
- **Emergency Services (Outreach, Respite, Shelter)**
- **Transportation Services**
- **Consumer Directed Services** which include personal assistance/habilitation (PAB), CHORE, and respite.

Individuals who are Medicaid eligible can apply for the above services. Needs and supports are identified through a person-centered planning process[12] with DDD case managers who coordinate and assist individuals in accessing these services from qualified and approved providers.[13] Each plan is based on life goals and individual needs to assure health and safety in the least restrictive environment where the individual is part of the community.

1) The number of individuals aided by the services provided and the capacity of services provided

Once an individual is determined to be Medicaid eligible and able to receive HCBS Medicaid waiver services, their needs and supports are identified through a person-centered planning process, and an Individualized Service Plan (ISP) is created - the assigned DDD case manager (CM) then assists the participant to coordinate and access services from qualified and approved providers. For FY 2008, there were 2,531 participants in the HCBS Medicaid waiver program that used a total number of 5,287 services[14]. The 5,287 represent duplicated individual counts because an individual could receive several services and is counted in each service based on their ISP. Figure 1 lists the number of individuals served for each of the HCBS Medicaid waiver services available.

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[10] See, Appendix B – List of HCBS Waiver Services and Definitions.

[11] CHORE services were originally under DHS, as of 2004, DHS transferred all CHORE services to DOH-DDD and all participants into the HCBS waiver.

[12] The Person-centered planning process includes the circle of support individuals that the participant selects such as, family members, neighbor, friend, co-worker, etc. The resulting product produced is the Individualized Service Plan (ISP).

[13] See, Appendix C – List of HCBS Medicaid Waiver Providers for Hawaii. The DHS approves all HCBS Medicaid Waiver Providers as recommended by the DOH-DDD.

[14] The data for this report is as of June 30, 2008, FY 2008.

Figure 1: Number of Individuals served per HCBS waiver services[15]

HCBS WAIVER SERVICES	NUMBER OF INDIVIDUALS USING EACH SERVICE
ADULT DAY HEALTH	1478
CHORE	121
PAB	1710
RES/HAB	756
RESPITE	116
SUPPORTED EMPLOYMENT	78
SKILLED NURSING	117
TRAINING AND CONSULTING	313
EMERGENCY SERVICES	27
CONSUMER DIRECTED (CD) SERVICES: CHORE	56
CD SERVICES: PAB	338
CD SERVICES: RESPITE	177
TOTAL	**5,287**

Participants can also receive services from natural supports such as family members or the community and are not paid for by state or federal funds. The capacity of services provided sustained the 2,531 participants in the HCBS waiver program. One of the major problems facing service providers is finding qualified direct support workers. To alleviate this issue, the HCBS Waiver Renewal application included an increase in Consumer Directed Services.[16] Consumer Directed Services allows participants and/or their guardians to hire, train, supervise, and fire their direct support workers. Currently, 389 participants[17] are using these services which are only limited to PAB, CHORE[18], and Respite.

2) Performance report of services provided and treatment outcomes

Treatment outcomes for individuals with developmental disabilities participating in the HCBS Medicaid Waiver program are based on whether the individual goals are met by services offered. The HCBS Medicaid Waiver program services are provided based on an ISP which is developed in collaboration with the participant and a circle of support individuals that he or she chooses. Once the ISP is developed identifying the outcomes that are most appropriate for the individual, an array of services are identified that will most directly accomplish these outcomes. Each ISP is

[15] Some of the waiver services listed are further characterized with multiple types of services. For example, Adult Day Health includes Level 1, 2 or 3 and half or full days. See, Appendix B – List of HCBS Waiver Services and Definitions for a complete list of services.

[16] The Centers for Medicare and Medicaid Services (CMS) approved the HCBS Waiver Renewal Application for a 5-year period beginning July 2006.

[17] For FY 2007 there were 200 participants.

[18] CHORE services was added to the Consumer Directed Services in FY 2006 through a waiver amendment and approved by CMS.

different and designed specifically to help an individual build and improve skills that will maximize their ability to function independently in their environment.

For example, a participant may have a goal of maintaining independence, as he gets older. To do this, he will continue in the HCBS Medicaid Waiver program accessing the following services to attain his goal: adult day health services to meet with friends and become more involved in community activities; personal assistance to help him with toileting and grooming; and, respite services to assist his family to maintain him at home. The services offered provide the participant independence by allowing him to do things on his own with support. The outcome is that he is able to make his own choices and has the freedom to do it. More importantly, as he becomes more independent in the community, he is able to network with others and form natural supports that may eventually take the place of paid support services by the HCBS Medicaid Waiver program.

3) Detailed report on all expenditures

The FY 2008 expenditures by means of financing are presented in Figure 2 – Total HCBS Medicaid Waiver Expenditures for FY 2008.

Figure 2. Total HCBS Medicaid Waiver Expenditures for FY 2008 (June 30, 2008)

DDD FY08 Appropriation (General Funds)	DDD Expenditure for FY 2008 using FY2009 funds	Federal Match 56.5%	Total Expenditure
$44,344,596	$2,417,838	$60,737,414	$107,499,848

The portion of expenditures for FY 2008 using FY 2009 funds is $2,417,838. This is due to the fact that federal regulations allow a provider to bill within twelve months of service.[19] The DDD is continually working with service providers to make sure all invoices are submitted on a timely basis to the DDD so that payments are processed using funds appropriated for the fiscal year in which services were incurred.

[19] 42 CFR Ch.IV§447.45 Timely claims payment. (d) Timely processing of claims. (1) The Medicaid agency must require providers to submit all claims no later than 12 months from the date of service.

Figure 3 presents the total expenditure for each HCBS Medicaid Waiver service as of June 30, 2008.

Figure 3 – Total HCBS Medicaid Waiver Expenditures per service provided

HCBS WAIVER SERVICES	NUMBER OF INDIVIDUALS USING EACH SERVICE	EXPENDITURE PER SERVICE
ADULT DAY HEALTH	1478	$18,859,572
CHORE	121	$1,040,952
PAB	1710	$56,058,113
RES/HAB	756	$19,537,904
RESPITE	116	$561,971
SUPPORTED EMPLOYMENT	78	$1,007,827
SKILLED NURSING	117	$3,423,366
TRAINING AND CONSULTING	313	$983,481
EMERGENCY SERVICES	27	$59,070
CONSUMER DIRECTED (CD) SERVICES: CHORE	56	$303,077
CD SERVICES: PAB	338	$4,636,606
CD SERVICES: RESPITE	177	$1,027,909
TOTAL	**5287**	**$107,499,848**

To provide some perspective to Hawaii's total expenditure for the HCBS waiver program as compared nationally, Figure 4 illustrates a comparison with other states and the national average for FY 2006. Hawaii's annual HCBS waiver spending [20] per state resident for 2006 was $60.72 while the national average was $64.30. Texas was the lowest at $20.48 per resident while New York was the highest at $201.41. [21]

Figure 4 – Hawaii HCBS waiver spending in comparison nationally

	Number of Medicaid HCBS Participants per 1000 State Residents 2003	Annual HCBS Waiver Spending per State Resident, 2006	HCBS Waiver Spending Percent Change, 2001-2006
U.S.	**8.8**	**$64.30**	**73%**
Hawaii	**5**	**$60.72**	**131.80%**
State with Lowest	**2.7 (VA)**	**$20.48 (Texas)**	**15.5% (Michigan)**
State with Highest	**13.8 (Missouri)**	**$201.44 (New York)**	**200.4% (Indiana)**

Conclusion

[20] Figures for Hawaii HCBS waiver spending represents all HCBS waivers in the state. (most current data 2008)

[21] Mathematica Policy Research, Inc (2007) Summary of State MFP Program Applications

The Department of Health, Developmental Disabilities Division is continuing to improve the performance of the HCBS Medicaid waiver program by working with participants and their families to assist them in selecting services that will make a difference in their lives. The DDD is also working with service providers to assure quality of service. Together the work done will help to better the lives of individuals with developmental disabilities so that they can remain at home with their families or in a living arrangement of their choice.[22] The HCBS Medicaid waiver program offers freedom from institutionalization to individuals with developmental disabilities.

For FY 2009, the DDD will focus on the following areas: maintaining limited state funds while increasing federal participation; maintaining and enhancing quality assurance of our service providers and also, DDD staff; increasing consumer directed services by continuing to inform participants and their families or guardians of the services and supports available, while encouraging natural supports; encouraging individuals with developmental disabilities to have a voice in their world through advocacy; and, encouraging employment as a means for individuals to be less reliant on governmental supports.

First, to maximize the HCBS Medicaid waiver program and securing federal matching funds, the DDD is working on a Division wide re-organization which is prompted by: the Olmstead decision,[23] the rapid growth of the HCBS Medicaid waiver program, and the creation of the "Quality Framework." Under the Olmstead decision, the state of Hawaii is required to provide sufficient supports and services to ensure that persons with disabilities are not institutionalized and can live in their desired home and community. The rapid budget growth of the HCBS Medicaid waiver program is due in part to two lawsuit settlements: Makin and the Hawaii Disability Rights Center.[24] Based on the precedence of these two lawsuit settlements, the DDD needs to continue a reasonable pace of new admissions into the HCBS Medicaid waiver program.

Second, the creation of the "Quality Framework" is required by CMS for all states participating in the HCBS Medicaid waiver program. Thus, the state must assure that quality of care is paramount through state and private sector assessments. To assure this, the DDD has begun service provider audits to monitor the fiscal and programmatic operations. Once the findings are complete, each provider will be given assistance to correct or enhance their operations so that premium services are provided. Additionally, staff training is paramount and is continually done to enhance services to our participants.

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[22] Olmstead v. L.C., 527 U.S. 581 (1999). In the Olmstead case, the U.S. Supreme Court challenges states under the Americans with Disabilities Act to provide sufficient supports and services so that persons with disabilities are not institutionalized and can live in their desired home and community.

[23] Ibid.

[24] Janet Makin, et al., vs. State of Hawaii, et al., Civil No. 98-0997 DAE, dated August 15, 2000, settled on September 29, 2003 (Makin I) and Hawaii Disabilities Rights Center et al., vs. State of Hawaii, et al., Civil No. 03-995224 HG-KSC, settled on August 12, 2005.

Third, increasing consumer directed services will not only help individuals make their own decisions about the services they want and need but it is also noted that services of this nature are cost efficient.

Fourth, the DDD is working closely with the Self-Advocacy Advisory Council (SAAC) which is comprised of about 40 advocates with a developmental disability. Currently, they are in the process of organizing themselves to become a voice in the community. The SAAC though the assistance of the DDD and the state Developmental Disabilities Council is planning workshops such as developing relationships, guardianship, assistive technology, and health and wellness.

Finally, the DDD is working to improve employment statistics among individual's with developmental disabilities. The DDD has adopted an employment first policy. Toward this end, the DDD is working with providers to make them aware of individuals with developmental disabilities as a viable pool of individuals capable of maintaining meaningful employment.

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

75 Hawthorne Street
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94105

JUN 20 2006

Lillian L. Koller, Esq.
Director
Department of Human Services
P.O. Box 339
Honolulu, HI 96809

Dear Ms. Koller:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your request received April 4, 2006 to renew Hawaii's Medicaid Home and Community-Based Services (HCBS) waiver for individuals with developmental disabilities/mental retardation (DD/MR) as authorized under Section 1915(c) of the Social Security Act. This waiver has been assigned CMS control number 0013.90.R4. This waiver program provides HCBS as an alternative to institutional care for persons eligible for ICF/MR placement. The effective date of this renewal is July 1, 2006.

As part of this renewal, you requested permission to make the following changes in this waiver program: 1) to provide necessary supports to an additional 150-200 persons with developmental disabilities each year to maximize their independence and support their participation in their communities, 2) to establish a Quality Management (QM) system to comprehensively evaluate and continuously improve the quality of services participants receive, 3) to expand the waiver's coverage area to the entire State, 4) to increase public input into the development of the waiver and its QM systems, 5) to increase anticipated waiver enrollment by approximately 50% to fully meet anticipated demand for services, and 6) to expansion of services covered to include chore services, training and consultation, specialized medical equipment and supplies, vehicular modifications, assistive technology, and personal emergency response systems.

This approval is subject to your agreement to provide services for no more individuals than the number listed in column "C" below. "Total" amounts reflect slight rounding as exhibited in Appendix J-2 of the State's approved waiver renewal.

WAIVER YEAR	**FACTOR C**		**FACTOR D**		**TOTAL**
July 1, 2006 - June 30, 2007	2584	x	$37,242	=	$96,234,067
July 1, 2007 - June 30, 2008	2,784	x	$38,414	=	$106,943,960
July 1, 2008 - June 30, 2009	2,934	x	$39,578	=	$116,121,274
July 1, 2009 - June 30, 2010	3,084	x	$40,783	=	$125,776,235
July 1, 2010 – June 30, 2011	3,234	x	$42,021	=	$135,896,355

With a satisfactory showing, the waiver may continue to provide services and be renewed at the end of this five-year period. We appreciate the cooperation provided by you and your staff during the renewal process. If you have any questions, please contact Rick Spector at (415) 744-3592.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid & Children's Health

cc: Gale Arden, Director, DEHPG, CMSO
Chiyome Fukino, M.D., Director, DOH
Mary Rydell, CMS Pacific Representative
Cheryl Young, CMS, Region IX
Debra Baumert, CMS, Region IX
Ellen Blackwell, DEHPG, CMSO
Patty Johnson, Director, DHS, ACCSB
Dr. David Fray, Chief, DOH, DDD
Eddie Martin, CMS, Region IX
CMISB
PHAO, DDD
Comp. Offer, DDD

APPENDIX B

List of HCBS Waiver Services and Definitions

1. Adult Day Health (ADH)

ADH is a service offered to participants to provide opportunities for meaningful participation in community activities, developing associations with community members, discovering ways for participants to make contributions, and establishing roles of leadership and partnership within one's community.

Services generally furnished six (6) or more hours per day on a regularly scheduled basis for one (1) or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three (3) meals per day).

Activities shall include training in Activities of Day Living (ADL)[25], Instrumental Activities of Daily Living (IADL)[26], communication, socialization, prevocational skills, work opportunities, leisure and recreational activities, and making choices in order to pursue paths that match the participant's interests. Such activities shall be provided in both the ADH and community settings.

There are three levels of ADH services: Level 1, Level 2, and Level 3. The level of ADH shall correlate to the participant's staff to participant ratio needs and the following target population guidelines:

ADH 1: The target population for ADH Level 1 may include participants who may benefit from group training and/or activities;

ADH 2: The target population for ADH Level 2 may include participants with, but not limited to, the following:

a) Behavioral needs requiring a Behavioral Support Plan or participants with Inventory for Client and Agency Planning (ICAP) [27]scores of -34 to-70;
b) Health concerns that require monitoring, intervention and supervision such as specialized skin care positioning, uncontrolled seizures, diabetes, etc.;
c) Need for specialized therapies incorporated within the IP;

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[25] Activity for Daily Living (ADL) are activities related to personal care including, but not limited to, bathing, dressing, toileting, transferring, and eating.

[26] Instrumental Activities of Daily Living (IADL) are more complex life activities such as light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, managing one's medication, and money management)

[27] ICAP is used to as an assessment tool to rate how well a participant performs tasks or could do tasks.

d) Inability to self-preserve.

ADH 3: The target population for ADH Level 3 may include participants with, but not limited to, the following medical needs:

a) Unstable respiratory status requiring continuous nursing assessment and care skills. This includes oxygen, suctioning, updraft treatments, chest P.T., and proper positioning. The participant may have a tracheotomy and a history of respiratory failure;
b) Need for frequent monitoring and assessment of vital signs, i.e., administration of multiple medications and respective assessment of response status;
c) Insulin-dependent diabetes and/or with fragile diabetics with unstable blood sugars;
d) Congestive heart failure, arrhythmia or a history of cardiac failure;
e) Nasogastric (NG) and gastrostomy tube feedings with history of aspiration and complicating factors such as tube medication administration, stoma site assessment, or frequent dressing.

2. CHORE

CHORE services are services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. Services also consist of the performance of general household tasks (e.g., meal preparation and routine household care). These services are provided only when the participant or anyone else in the household, or other relatives, caregiver, landlord, community/volunteer agency, or third party payor is not capable or responsible for performing or financially providing for them. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.

3. Personal Assistance/ Habilitation (PAB)

PAB services are a range of assistance or training to enable program participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Such assistance shall include active supervision (readiness to intervene as necessary) and interaction with participants. This may take the form of hands-on assistance (actually performing a task for the person) or training or multi-step instructional cuing as a part of a plan to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include skilled or nursing care to the extent permitted by State law. Such assistance may include assistance or training in the performance of ADL and IADL activities.

Services may include personal assistance or training in the performance of ADL

or IADL, to meet outcomes/goals of increasing independence, developing natural supports, learning, developing relationships, contributing through employment/volunteering/ participation and their associated costs. Services may be provided in or outside the participant's home.

There are three levels of PAB services: PAB Level 1 and PAB Level 2 and PAB Level 3. The PAB level shall be determined by the Department of Health (DOH)-DDD Case Manager (CM) based on an ICAP behavioral score and health assessment.

1) **PAB Level 1:** Participants receiving PAB Level 1 do not require any special tasks of nursing care, i.e., nurse delegated tasks.

2) **PAB Level 2:** ICAP scores for participants receiving PAB Level 2 shall fall within –34 to –70 range; and include participants requiring special tasks of nursing (tasks that have been delegated by a RN as specified in HAR Title 16, Chapter 89, Subchapter 15, ("Delegation of Nursing Tasks to Unlicensed Assistive Personnel") (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114).

3) **PAB Level 3:** ICAP scores for participants receiving PAB Level 3 shall fall within the 40-69 range and include participants with avoidant or aggressive behaviors that may cause harm to self or others; PAB Level 3 services are time-limited, averaging three (3) months and up to six (6) months; exceptions may be authorized by the DOH-DDD;

4. Residential Habilitation (RES/HAB)

RES/HAB services are used to cover a participant's physical care and training above and beyond the general care and supervision under the State Supplemental Payment/Level of Care (SSP/LOC)[28] for certified and licensed residential settings, as Adult Foster Home (AFH), Developmental Disabilities Domiciliary Home (DDDH), and Adult Residential Care Home (ARCH) Extended Adult Residential Care Home (E-ARCH) and defined in HAR Title 11, Chapter 148, Chapter 89, Chapter 100, and Chapter 101, respectively.

RES/HAB is used to increase independence with ADL, develop communication, social, recreational, and leisure skills, and/or enhance independent living, self-direction, and choice-making.

RES/HAB means individually tailored supports that assist with the acquisition,

[28] State Supplemental Payment is state funded payments to individuals who are current recipients of supplemental security income (SSI), or state funded aid to the aged, blind, and disabled (AABD), or gender assistance payments. These funds are provided by the state legislature through general appropriations to provide for the special care needs of individuals.

retention, or improvement in skills related to living in the community. These individually specific supports include adaptive skill development, assistance with ADL, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs.

RES/HAB may include activities such as learning skills to become more independent, preparing own meals, doing laundry, ADLs, social skills (fostering interpersonal relationships), learning to be part of a family unit and/or to share a household (roommate), using leisure time, e.g., light gardening, taking care of own pet, practicing and mastering skills in the home before transferring skills to community setting, behavioral intervention/redirection, making choices, using the telephone.

RES/HAB does not include general care and protective oversight and supervision which are required under the facility's license or certification requirements. Recommendations of specialized therapies as indicated could be incorporated within this service.

There are five levels of RES/HAB services: Level 1, Level 2, Level 3 (Behavioral/Medical), Level 4 (Special Treatment Facility/Therapeutic Living Program) and Level 5 (24/7). The level of RES/HAB services shall be determined by the participant's ICAP scores and/or target population characteristics as follows:

1) **RES/HAB Level 1** - service score from 40-69;
2) **RES/HAB Level 2** - service score from 1-39 or maladaptive score from -23 to -33;
   RES/HAB Level 2a (Behavioral) - service score from 1-39 or maladaptive score from -23 to -33 as well as exceptional needs such as frequent and significant challenging behaviors, e.g., continuous yelling and screaming at night;
   RES/HAB Level 2a (Medical) - physical needs that include total care and total dependence on caregiver;

3) **RES/HAB Level 3 (Behavioral)** - maladaptive scores from -34 to -70 for behavioral needs to include intense and continuous interventions to address significant challenging behaviors that present danger to self, others, and property;

   RES/HAB Level 3 (Medical) - Medical needs that include nursing observation and assessment of participant secondary to such skilled nursing activities such as aspiration precautions, catheterization, infection control, inhalation treatments, medication management and administration, ostomy care, oxygen therapy and aerosolized treatments, seizure management and precautions, suctioning, tube feeding and management, wound care requiring sterile procedures, IV (intravenous),

shots - IM (intramuscular), and SQ (subcutaneous) TPN (total parenteral nutrition) feedings in vein;

4) **RES/HAB Level 4** - maladaptive scores from -34 to –70; Special Treatment Facility/Therapeutic Living Program (STF/TLP), certification and licensure in accordance with HAR, Chapter 98;

5) **RES/HAB Level 5** - maladaptive scores from -46 to –70; Higher frequency, intensity and duration of challenging behaviors requiring 24-7 intervention (awake staff).

5. Supported Employment (SE)

SE services are to provide long-term on-going support to participants in competitive employment and increase participant independence. SE services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need supports to perform in a regular work setting.

SE is conducted in a variety of settings, particularly work sites where persons without disabilities are employed and includes activities needed to sustain paid work by participants, including job development, placement, supervision and training and retention. When SE services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

6. Respite

Respite services are used to support family relationships to sustain participant living in the family home. Respite services are provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons normally providing care for the participant. Short-term basis shall be defined as daily units for thirty (30) consecutive days.

7. Skilled Nursing (SN)

SN services assure that participant's medical and health needs are met in order to live in the community. Services listed in the service plan that are within the scope of the State's Nurse Practice Act[29] and are provided by a registered professional nurse or a licensed practical nurse under the supervision of a registered nurse, licensed to practice in the State of Hawaii.

[29] Hawaii State Nurse Practice Act, HRS, Chapter 457 (2006).

SN activities may include, but are not limited to, the following:
aspiration precautions, catheterization, infection control, inhalation treatments, medication management and administration, ostomy care, oxygen therapy and aerosolized treatments, seizure management and precautions, suctioning, tube feeding and management, wound care requiring sterile procedures, IV (intravenous), shots - IM (intramuscular) and SQ (subcutaneous), nursing observation and assessment of client, TPN (total parenteral nutrition) feedings in vein.

8. Training and Consultation

Training and Consultation services for individuals[30] who provide support, training, or supervision to participants includes: instruction about treatment regimens and other services included in the Individualized Service Plan (ISP)[31] and/or Waiver Action Plan (WAP)[32]; the use of equipment specified in the service plan; and. included updates as necessary to safely maintain the participant at home. All training shall be identified and included in the ISP or WAP.

Training and Consultation services also includes services to individuals and their circle of support to implement proactive strategies/activities that will reduce challenging behaviors, minimize the need for Emergency Services, and preserve the participant's current living situation or program.

9. Emergency Services (Outreach, Respite, Shelter)

Emergency Outreach

Emergency Outreach services are defined as immediate on-site support for situations in which the participant's presence in his/her home or program is at risk due to the display of challenging behaviors that occur with intensity, duration, and frequency that endangers his or her safety or the safety of others or results in the destruction of property.

The services provided include but, not limited to, the following interventions to de-escalate crisis situations: telephone consultation with the family, caregiver; or program staff for advice on how best to manage the situation; on-site consultation,

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[30] For purposes of this service, an individual is defined as any person, family member, neighbor, friend, co-worker who provide care, training, guidance, or support to a waiver participant.

[31] Individualized Service Plan is the written plan required by HRS 333 F-6 that is developed by the individual, with input of family, friends and other persons identified by the individual as being important to the planning process. The ISP shall be a written description of what is important to the person, how any issue of health or safety shall be addressed, and what needs to happen to support the person in the person's desired life.

[32] Waiver Action Plan is the plan developed by the DOH-DDD CM within one (1) week of admission to the DD/MR Medicaid Waiver Program that identifies 1) goals 2) desired outcomes 3) timelines for achieving outcomes 4) services identified to achieve outcomes 5) frequency, duration and service providers. The WAP is approved by the participant and the participant's legal guardian and authorized by the DOH case manager.

training, and technical assistance to family, caregivers, or providers to reduce challenging behaviors; direct hands-on staffing support to ensure the participant's safety and the safety of others; and, short-term, time-limited follow-up monitoring of the participant and situation for stability immediately after the crisis,

Emergency Respite
Emergency Respite services are emergency out-of-home placement for participants over the age of eighteen (18) years with potential for danger to self or others and their significant support systems due to the participant's challenging behaviors. The goal of Emergency Respite is to provide a stabilizing environment to preserve the participant's living situation.

Emergency Shelter
Emergency Shelter services are emergency out-of-home placement of participant's in need of intensive intervention in order to avoid institutionalization or more restrictive placement and for return to the current or a new living situation once stable. Emergency Shelter services shall include discharge planning at the point of admission.

10. Transportation

Transportation services are offered to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the ISP. This service is offered in addition to medical transportation required under 42 CFR § 431.53 and transportation services under the State plan, defined at 42 CFR § 440.170(a) (if applicable), and does not replace them.

APPENDIX C
List of HCBS Medicaid Waiver Providers

There are a total of 53 HCBS Medicaid Waiver Providers throughout the State of Hawaii as follows:

Oahu

Aaron K. Koseki, Jr.
Alaka'I Na Keiki, Inc.
Aloha Habilitation Services, Inc.
Alternative Care Services *
Attention Plus Private Nursing, Inc. dba Attention Plus Care
BCP, Inc. dba Nursefinders of Hawaii*
Behavioral Counseling and Research Center, LLC*
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Castle Medical Center dba Castle Community Care
Catholic Charities Hawaii
Daniels Diversified, Inc. dba Kokua Nurses*
Easter Seals Hawaii*
Family Services of Oahu, LLC
Goodwill Industries of Hawaii, Inc.*
Hale Nui Community Services, Inc. dba Hale Nui Community Center
Hawaii Health Services, Inc.
Health Resources, Inc.*
Heaven's Helpers, Inc.
Home & Community Services of Hawaii, Inc.
HPS Inc., dba Hawaii Temp.
Kokua Psychological Services, LLC*
Kokua Villa, Inc.*
Lanakila Pacific
LSSB Corporation dba Lifeline Hawaii Services*
Manawa Lea Health Services, Inc.
Mastercare, Inc.*
North Shore Mental Health, Inc.
Ohana Support Services, LLC
Opportunities for the Retarded, Inc.
Preferred Home and Community Based Services, Inc.
Responsive Caregivers of Hawaii, Inc.
Special Education Center of Hawaii, Inc.*
The Arc in Hawaii, Inc.
Therapists and Homecare on Call Inc.
Waianae Coast Community Mental Health Center, Inc. dba Hale Na'au
Wilson In Home, Inc.
Winners at Work, Inc.

*Serves other islands

Hawaii

BCP, Inc. dba Nursefinders of Hawaii*
Brantley Center, Inc.
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Daniels Diversified, Inc. dba Kokua Nurses*
Easter Seals Hawaii*
Full Life
Goodwill Industries of Hawaii, Inc.*
Health Resources, Inc.*
Kokua Psychological Services, LLC
North Hawaii Community Hospital Inc., dba Kohala home Health Care
dba North Hawaii Ohana Care
Kona Association for Retarded Citizens, Inc. dba Kona Krafts
LSSB Corporation dba Lifeline Hawaii Services*
Mastercare, Inc.*
Metrocare Hawaii, Inc.
Puna Kamalii Flowers, Inc.
Special Education Center of Hawaii, Inc.*
The Arc of Hilo, Inc.
The Institute for Family Enrichment

Kauai

BCP, Inc. dba Nursefinders of Hawaii*
Behavioral Counseling and Research Center, LLC*
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Easter Seals Hawaii*
Ho'oheno, Inc.*
Kokua Psychological Services, LLC
LSSB Corporation dba Lifeline Hawaii Services*
Mastercare, Inc.*
Special Education Center of Hawaii, Inc.*
The Arc of Kauai, Inc.

Maui

Alternative Care Services *
BCP, Inc. dba Nursefinders of Hawaii*
Behavioral Counseling and Research Center, LLC*
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Easter Seals Hawaii*
Ho'oheno, Inc.*
Ka Lima O Maui, Inc.

*Serves other islands

Maui (continued)
Kokua Psychological Services, LLC
Kokua Villa, Inc.*
LSSB Corporation dba Lifeline Hawaii Services*
Manawa Kupono-Opportunities Inc, dba Quality Behavioral Outcomes
Maui County Department of Housing and Human Concerns
MMastercare, Inc. *
Special Education Center of Hawaii, Inc. *
The Arc of Maui, Inc.*

Molokai
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Easter Seals Hawaii*
Kokua Psychological Services, LLC
LSSB Corporation dba Lifeline Hawaii Services*
Molokai Occupational Center

Lanai
CARE Hawaii, Inc.*
Easter Seals Hawaii*
Kokua Psychological Services, LLC
LSSB Corporation dba Lifeline Hawaii Services*
The Arc of Maui, Inc.*

*Serves other islands